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COUNTY OF LOS ANGELES

Public Health

JONATHAN E. FIELDING, M.D., M.P.H.
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January 10, 2011

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M. P.H.
Director and Health Officer

SUBJECT: **REPORT ON PLAN FOR CONSOLIDATION OF THE ANTELOPE
VALLEY REHABILITATION CENTERS**

On October 5, 2010, on a motion by Supervisor Michael D. Antonovich, the Department of Public Health (DPH) was instructed to work with advocates, staff, and employee representatives to A) document the program at Warm Springs to ensure key program elements are incorporated into ongoing DPH Antelope Valley Rehabilitation Centers (AVRC) programs, B) explore community residential service needs and capacity, and C) explore capital and operational funding including opportunities under health care reform, that would allow operation of Warm Springs while meeting the goals of increasing the effectiveness of the AVRC program and achieving the Department of Public Health budget savings, and report back to the Board in 90 days.

To carry out this directive, Service Employees International Union 721 (SEIU), DPH Substance Abuse Prevention and Control (SAPC) (including AVRC management and employee representatives), and DPH Human Resources met over the last few months in a series of meetings to explore these issues.

Background

On October 5, 2010, your Board also approved a request by the Chief Executive Office and DPH to consolidate the two AVRC residential programs located at Warm Springs and Acton into a single facility at the Acton Rehabilitation Center and close the Warm Springs Rehabilitation Center. Consolidation allows DPH to do the following: 1) maximize the limited substance abuse treatment resources, 2) bring the AVRCs in compliance with State and County regulatory agencies, and 3) better serve clients by ensuring sufficient staffing, timely access to treatment, appropriate assessment, and comprehensive treatment services.

A. Ensure Key Program Elements are Incorporated into Ongoing AVRC Programs

The following were identified as key program elements of the Warm Springs Rehabilitation Center men's program:

- Therapeutic environment of care and support including the use of empathic healing approach;
- Use of evidence-based practices including the Matrix treatment model, motivational interviewing, contingency management, and 12-step facilitation;
- Opportunities for physical exercise, work therapy, and literacy training; and
- Friend of Warm Springs alumni and support group involving weekly recovery support group meetings and annual alumni events.

While the remote location of the Warm Springs campus cannot be duplicated in another setting, SAPC will incorporate the elements identified above into the AVRC Men's Program at the Acton Rehabilitation Center. Specifically, the unique program culture and programmatic elements of Warm Springs will be preserved as substance abuse counselor staff and Friend of Warm Springs activities are transitioned to the Acton Rehabilitation Center.

B. Explore Community Residential Service Needs and Capacity

The need for publicly-supported residential treatment services for medically indigent persons with substance use disorders greatly exceeds the availability of such services in Los Angeles County as well as throughout the United States. According to findings from the National Household Survey on Drug Use and Health in 2008, at least 8.3 percent of persons aged 12 or older in the United States would benefit from substance abuse intervention or treatment but did not receive it. Assuming the 8.3 percent figure as baseline, it could be reasonably deduced that as many as 695,000 County residents would benefit from, but do not receive, substance abuse services. It can also be surmised that a large proportion of these residents do not have health insurance coverage to pay for private treatment services.

In Fiscal Year 2009-10, substance abuse treatment programs administered by SAPC were able to provide services to only a fraction of this larger population. Of the 60,629 County residents who received substance abuse treatment services through SAPC-contracted providers, 8,819 were admitted to residential treatment. While residential treatment should be available whenever clinically indicated, in reality, capacity is limited and admission may depend on the eligibility for publicly-funded services (CalWORKs Substance Abuse Services, General Relief) and the referring agency (Proposition 36/Offender Treatment Program, parolee treatment services, and drug court treatment programs).

As of November 1, 2010, the California Department of Alcohol and Drug Programs licensed a total of 4,977 residential treatment beds in Los Angeles County including publicly and privately-funded programs. SAPC holds contracts for 1,478 of those beds of which 508 are licensed to the AVRCs (199 at Warm Springs and 309 at Acton). Although licensed for 508 beds, SAPC has staffing to handle approximately 300 beds. Various federal, State, and County agencies also run residential treatment services independently through direct contracts or through categorical grant awards with community-based programs.

While it is projected that provisions in national health reform will help reduce some of the barriers to treatment (eligibility and availability), health care reform is also expected to increase the demand for services that was previously unmet. Demand for residential treatment services will likely continue to outstrip availability.

It is widely recognized that treating substance abuse minimizes social and economic costs and is cost beneficial. The National Association of State Alcohol and Drug Abuse Directors (NASADA) estimated that 55 percent of incarcerated individuals were under the influence of alcohol and drugs while committing the crimes resulting in their incarceration. Additional data released by NASADAD in 2009 show that 80 percent of incarcerated individuals surveyed reported a history of substance abuse. The landmark 2002 California Treatment Outcome Project conducted by the California Department of Alcohol and Drug Programs found that every dollar invested in treatment saved six dollars in costs to the criminal justice and other public social service systems. A 2008 study conducted by the Marin Institute found that the consequences of alcohol use alone cost Los Angeles County an estimated \$2.2 million due to crime, illness, fatal vehicle crashes, and other incidents. Further, providing substance abuse treatment services to County-identified clients allows for considerable cost avoidance elsewhere within the County system, including the Sheriff's Department and the Department of Health Services (DHS).

C. Explore Capital and Operational Funding

As mentioned previously, maintaining the AVRCs in the current fiscal environment has proved to be challenging, and continual use for the past several decades has resulted in considerable wear and tear on the facilities. Facilities on the Warm Springs and Acton campuses are in need of extensive renovation and repairs, and replacement in order to comply with federal, State, and County regulations. These include replacement of the waste water treatment plant and lift station, phone system, network fiber communications backbone, kitchen equipment, water well, and electrical distribution system, as well as extensive repairs of the bathing, laundry, and residential living facilities. Estimated capital costs to bring the facilities at Warm Springs into compliance with current regulations are estimated to total at least \$7.4 million.

Funding would also be needed to continue operation of Warm Springs, which includes staff (administrative, clinical, maintenance and support), the on-site health clinic operated by the DHS, Internal Services Department maintenance of the waste water treatment plan and the cistern water system, as well as utilities consumed in daily activities (electricity and fuel). The minimum funding needed to continue operation is \$7.3 million annually. Attachment 1 summarizes the capital improvement and operational expenses required to maintain the facilities at Warm Springs and potential funding sources to address these needs.

In order to identify potential funding opportunities, a workgroup comprised of SAPC staff, AVRC advocates and employee representatives is researching possible public and private funding sources for the capital and operational needs identified above. The workgroup is also researching any federal and State funding that may be available through national health reform. Current federal Medicaid regulations do not allow reimbursement for residential treatment or for capital projects. The workgroup is also looking into private foundations and avenues for private fundraising.

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Next Steps

While the challenges to operate Warm Springs Rehabilitation Center are daunting, DPH is committed to working with stakeholders to pursue every option to access the needed resources. To this end, representatives from DPH and 721 will meet on a semi-annual basis to consider any potential funding opportunities eligible for Warm Springs.

If you have any questions or would like additional information, please let me know.

JEF:wks
PH:1012:002

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Attachment 1:
ANTELOPE VALLEY REHABILITATION CENTERS (AVRC)
WARM SPRINGS ESTIMATED CAPITAL AND OPERATIONAL FUNDING NEEDS

CAPITAL COST ESTIMATES		Capital Projects	
Bathing and Laundry Facility Repairs			300,000
Network fiber backbone Replacement			384,000
PBX phone system Replacement			348,000
Kitchen Equipment Replacement			480,000
Waste Water Processing Plant & Lift Station Replacement			5,382,000
Water Well Replacement			264,000
Electrical Distribution System Replacement			276,000
TOTAL Capital costs			7,434,000
WARM SPRINGS OPERATING COST ESTIMATES		Cost	
Annual costs per client per day (\$101/365 days)			36,865
Staffing 100 beds			3,686,500
Staffing 199 beds			7,336,135
POTENTIAL CAPITAL FUNDS		Potential Funding Available	
Health Facilities Capital Improvement Funding			189,872,000
Criminal Justice Facilities Temporary Construction Fund			46,840,000
ARRA sources			TBD
Homeless Veteran Sources			TBD
SB 678 - For Probationers			TBD
POTENTIAL OPERATING FUNDING			
Fee for Service from Clients with Funding			TBD
1115 Waiver Funding			TBD
Health Care Reform/Substance Abuse Parity			TBD
Funding from other agencies (e.g., VA)			TBD



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July 13, 2011

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON CONSOLIDATION OF THE ANTELOPE VALLEY
REHABILITATION CENTERS**

This is to provide an update on the progress of the consolidation of the Antelope Valley Rehabilitation Centers (AVRC). On October 5, 2010, your Board approved a request by the Chief Executive Office (CEO) and Department of Public Health (DPH) to consolidate the AVRC Substance Use Disorder residential programs located at Acton and Warms Springs into a single facility. The plan entitled closure of the Warm Springs facility and relocation of its program and staffing to the Acton facility. The consolidation achieves the following benefits: 1) maximizes use of limited resources for substance use disorder treatment services; 2) brings the AVRC facility into compliance with State and County licensing and regulatory requirements; and 3) ensures a high quality of AVRC services by renovating the physical infrastructure at Acton, upgrading clinical services, and providing sufficient staffing levels. The consolidation was completed as scheduled on June 30, 2011.

Infrastructure Improvements

DPH is working with the Internal Services Department (ISD) to renovate the Acton facility, including establishing separate gender-specific areas for men and women residents and the support staff. Temporary housing and office units were completed as scheduled, and the full transition of the men's program at Warm Springs to Acton was completed by June 30, 2011. Meanwhile, the CEO, DPH, and the Department of Public Works (DPW) are in the process of designing the new campus that will be completed by 2014.

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Program and Services

AVRC is improving its clinical services by adopting comprehensive evidence-based treatment practices recommended by the federal Substance Abuse and Mental Health Administration's National Registry of Evidence Based Practices. The evidence-based treatment practices (EBTs) that are being implemented are the following: Cognitive Behavioral Therapy, Motivational Interviewing, 12-Step Facilitation, and Medication Assisted Treatment. These practices are consistent with the California Department of Alcohol and Drug Programs' Standards of Care Guidelines.

Extensive in-service training for clinical staff continues with the assistance of the Pacific Southwest Addiction Technology Transfer Center, Integrated Substance Abuse Programs at the University of California, Los Angeles (UCLA). The Department of Mental Health and UCLA (through the use of telemedicine) are providing on-site mental health services (medication evaluation and medication monitoring) one half-day per week. DPH's Office of AIDS Programs and Policy is providing on-site HIV/AIDS prevention, education, and testing. The Department of Health Services' High Desert Health System is providing on-site health screenings and basic medical services to all residents. The AVRC continues to use the federally-sponsored NAITx process improvement model, which have shown to reduce admission wait times and increase retention for residential treatment.

Personnel

The entire Warm Springs staff has transitioned to the Acton campus. There has been no reduction in staff. All currently budgeted positions are necessary to ensure adequate provision of administrative, clinical, maintenance, support operations, and services.

Next Steps

The renovation process will continue as planned involving the following entities: the CEO, DPH, ISD, DPW and other collaborative partners as reported above. We will provide your Board another update in September 2011. In the meantime, if you have any questions or would like additional information, please let me know.

JEF:hm
PH:1102:002

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



JONATHAN E. FIELDING, M.D., M.P.H.
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September 5, 2012

TO: Each Supervisor

FROM: *for* Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON CONSOLIDATION OF THE ANTELOPE
VALLEY REHABILITATION CENTERS**

This is to provide an update on the progress of the Antelope Valley Rehabilitation Centers (AVRC) consolidation. On October 5, 2010, your Board approved a request from the Chief Executive Officer (CEO) and Department of Public Health (DPH) to consolidate the AVRC Substance Use Disorder residential programs located at Acton and Warm Springs into a single facility.

Background

The AVRC consolidation plan included closure of the Warm Springs' facility and relocation of its program and staffing to the Acton facility. This consolidation was implemented in order to: 1) maximize the use of limited resources for substance use disorder (SUD) treatment services; 2) bring the AVRC facility into compliance with State and County licensing and regulatory requirements; and 3) ensure a high quality of AVRC services by renovating the physical infrastructure at Acton, upgrading clinical services, and providing sufficient staffing levels. As reported to the Board on May 21, 2012, the AVRC consolidated its residential treatment programs at the Acton site.

Physical Infrastructure Improvements

DPH, Internal Services Department (ISD), and the Department of Public Works (DPW) have continued to work on the renovation of the Acton facility. The modification and conversion of modular units that will serve as temporary housing and office space is underway with the recertification of the units completed by the State Housing Authority.

As reported in the May 2012 update, the renovation of the dining hall and kitchen is in progress, and is scheduled for completion by September 17, 2012. Interim fixes to the cottages are expected to be complete by November 2012. We are working the Chief Executive Office to develop an alternative long-term solution for program location, and will return to your Board with recommendations in October 2012.

Each Supervisor
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Programs and Services

Training continues for AVRC staff members on the delivery of SUD evidence-based practices. During this period, staff received training in HIV/HEP C/STD Education, Motivational Interviewing, Complex Trauma in Young Adults and Screening, Brief Interventions, Referral to Treatment (SBIRT).

Personnel

DPH is working to fill current vacancies. Since the last update, the Clinical Supervisor and Recreational Aid positions have been filled. In addition, two Substance Abuse Counselors and a Substance Abuse Counselor Aid were selected and are in various stages of processing.

Next Steps

We will continue to provide your Board quarterly progress updates on the renovation and the development of the AVRC. In the meantime, please let me know if you have any questions or would like additional information.

JEF:hm
PH: 1012:002

c: Chief Executive Officer
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Executive Officer, Board of Supervisors



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December 31, 2012

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H. *JEFielding*
Director and Health Officer

SUBJECT: **UPDATE ON CONSOLIDATION OF THE ANTELOPE VALLEY
REHABILITATION CENTERS**

This is to provide a quarterly update on the progress of the Antelope Valley Rehabilitation Centers (AVRC) consolidation. On October 5, 2010, your Board approved a request from the Chief Executive Officer (CEO) and Department of Public Health (DPH) to consolidate the AVRC Substance Use Disorder residential programs located at Acton and Warm Springs into a single facility.

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Physical Infrastructure Improvements

DPH, Internal Services Department (ISD), and the Department of Public Works (DPW) have temporarily suspended work on the renovation of the Acton facility, pending final resolution on the proposal to relocate the AVRC.

Programs and Services

Training continues for AVRC staff members on the delivery of SUD evidence-based practices. To date, staff have received training on Human Immunodeficiency Virus, Hepatitis C and Sexually Transmitted Diseases. Staff have also received training on Motivational Interviewing, Moral Reconciliation Therapy (MRT), and Non-Violent Crisis Intervention.

The average daily census for the AVRC is approximately 129 male and 41 female clients, for a total of 170. Since the last quarterly update in September, the AVRC had 109 male and 45 female clients successfully complete their treatment programs. The most recent data on positive compliance (successful completion of treatment program) obtained from the Los Angeles County Participant Reporting Systems (LACPRS) for the first three quarters of 2011-2012, indicates that the AVRC had 86.20 percent participation with positive compliance. LACPRS indicated that the average positive compliance for all sites within the County for the same reporting period was 57.40 percent.

Personnel

All currently budgeted positions are necessary to ensure adequate provision of administrative, clinical, maintenance, support operations and services. The AVRC is working diligently to fill current vacancies. Examination requests and transfer opportunities have been submitted to Human Resources. The Chief Rehabilitation Center examination was posted and closed. Human Resources received twenty-two applications and will begin screening for minimum requirements from which a list of prospective candidates will be obtained.

Since the last update, the following positions have been filled: one Substance Abuse Counselor Aid, Senior Typist Clerk, Intermediate Typist Clerk, and one Substance Abuse Counselor.

Next Steps

We will continue to provide your Board with progress updates on the renovation and the development of the AVRC. In the meantime, please let me know if you have any questions or would like additional information.

JEF:hm
PH:1102:002

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors